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James Stott, (9).
10 Dalgetty Avenue,
Abbeyhill.

Card - A 578
X Ray - B 167.

Accident :- On 26th May, 1910, he fell, breaking his fall with his left hand.

X Ray :- Supracondylar fracture of left Humerus with no displacement.

Treatment :- Massage and movement daily.
Sling, with elbow flexed at a right angle.
Sling worn for seven days only.
Number of massage seances - 19.

Dismissed :- 21st June, 1910 - three and a half weeks after accident. Appearance and movements perfect.

Report :- 3.3.11.
The arm has not troubled him since his dismissal.
There is no difference in appearance or movements from that of uninjured arm.
X Rays show that no displacement occurred during treatment.

Accident :- On 2nd September, 1910, he fell injuring his left elbow.

X Ray :- Supra Condylar fracture of humerus with no displacement.

Treatment :- Wool and bandage and sling.
Daily massage and movement.

Dismissed :- 30th Sept. 1910 with complete range of movement at elbow.
Number of massage seances - 15.

Report :- 23.3.11.
His arm has never troubled him.
The appearance and range of movement are perfect.
It would be impossible to tell that any injury had occurred.
George Curran, 10.
Lothian Road, Dalkeith.

Accident :- On 4th May, 1910, he fell on his left arm.

X Ray :- Supracondylar fracture, slightly oblique from above downwards and forwards, with backward and upward displacement of the lower fragment.

Treatment :- Carried out at home by Dr. Blackstock. Early massage and movement. Sling and body bandage.

Report :- 1.4.11.
He wore the sling for four - five weeks and in six weeks time was back to school. It was not till some time later that full extension at the elbow was possible, but flexion was always easily performed. Appearance and musculature are excellent; flexion and extension at the elbow are complete in range.

The X Ray 1.4.11 shows the fragments united in excellent position.

Remarks :- This case proves that this method of treatment can be equally successful outside of Hospital practice, and that the result compensates for the necessary extra care and attention.
Alice Anderson (7)                  Case No. - A461.

Accident: - Fall on Right Elbow on 23rd May, 1910.

X Ray: - Supra Condylar Fracture of Humerus with backward
displacement of lower fragment.

Treatment: - Sling, massage and movement daily, conducted by her own
doctor and a district nurse.

Arm at first kept in acute Flexion.

Duration of treatment: - Six weeks.

Progress: - At end of three weeks she used the arm freely at
meals and at play. At end of six weeks she had as
good movement as she has now.

Condition on 13th February, 1911 - Appearance of arm perfect.

All movements perfect, except very slight impairment
of Flexion but she can touch her shoulder.

X Ray - 18th February, 1911 - Position of fragments very good.

Remark volunteered by patient: - "When nurse came at first a bone
stuck out, but the nurse made it disappear."

This case proves that the treatment can be very successful outside
an hospital.
On 22nd July 1910, he fell off a chair, landing on his right arm.

23.7.10. Supracondylar fracture of right Humerus, with backward displacement of distal fragment.

Arm fully flexed, figure of eight bandage. It was kept so for eight days. Then massage and movement were commenced daily.

Number of massage seances from 30th July - 11.

18th August, 1910.

Result pronounced excellent.

He has never complained of his arm and uses it freely.

Carrying angle absent; slight cubitus varus; hollow above elbow joint posteriorly.

Extension of elbow complete, flexion incomplete. The right hand can reach to about 2" from tip of shoulder when fully flexed at elbow and wrist.

The lower end of the proximal fragment of shaft of humerus can be felt displaced forwards.

24.3.11 shows this forward displacement to be less than one would have expected from the clinical examination.

The writer believes a better result would have been obtained had massage and movement been begun at once instead of waiting eight days, by which time firming has commenced.

Compare result in case of Alice Anderson

Card - A 461
X Ray - B154.
8 MacLeod Street, Edinburgh. X Ray - E 140.

Accident :- On 9th December, 1910, while playing football, he was knocked down and injured his left elbow.

X Ray :- 13.12.10. Supracondylar fracture of left Humerus, with outward displacement of lower fragment. The lateral view shows no sign of a fracture. This shows the necessity of taking two views in an X Ray.

Treatment :- Massage and movement, daily at first. Wool, bandage and sling. The elbow was kept flexed at a right angle. Number of massage seances - 8.

Dismissed :- 5th January, 1911, four weeks after the accident. Flexion and extension at the elbow were not quite complete in range.

Report :- 11.4.11.
His father says the boy had perfectly free movement one week after his dismissal and was then playing football. The result is excellent, in every respect. It is almost impossible to tell by clinical examination which was the injured arm. The carrying angle remains unaltered. The X Rays 11.4.11 shew union in excellent position. There is a small bony outgrowth on the anterior aspect of the internal condyle. The photographs shew the excellent and complete range of movement.
Wm. Hogg, 15.
Bottlemaker,
24 Wilson Park, Portobello.

Accident :- On 17th March, 1910, his right elbow was crushed between the buffers of two wagons. There was a deep gash in the soft tissues in front of the elbow joint, and great swelling and bruising of the elbow.
The wound was dressed and the arm put in a sling.
An X Ray was taken about a week later, because of the continued pain in the arm.

X Ray :- 23.3.10 - Transverse crack in lower third of Humerus with no displacement.

Progress :- The wound was very slow in healing. 14th April - wound healed - elbow movements extremely limited - massage commenced. 13th May - Elbow movements still limited. Adhesions broken down under general Ethyl Chloride. Massage and movement continued. He was given weights to carry in order to aid extension at elbow joint. He ceased to attend on June 9th. He returned on 22nd August 1910, with continued limitation of movement at elbow joint.
On 20th September, he was advised to begin work. He had then almost complete flexion and extension.

Report :- 23.3.11.
He has never returned to his work and received full compensation up to January 1911. He works about the house quite well. The muscles of the right arm are equally well developed compared with those of the left.
Flexion at the elbow is still incomplete - his fingers reaching to within 2" of the tip of his shoulder. Extension is also incomplete. Pronation is complete, but supination is not quite complete. His grip is equal to that of the left hand.

X Ray :- 23.3.11. The fracture has healed in excellent position with some thickening of the Humerus.

Remarks :- This case appears to illustrate the necessity for early movement in joint injuries to prevent organisation of the joint effusions and consequent adhesions. Even in presence of an open wound, it is more than doubtful whether the first thing of importance is, not the wound, but the function of the joint. The writer would suggest that in treating such a case, it would be better to massage the limb from the first, duly protecting the open wound. Thus the general nutrition of the limb would be greatly and rapidly improved and all effusions into the tissues and joint removed. This would also hasten the healing of the wound. Then from the very first small movements daily would prevent joint adhesions.
Alex. Fulton, (18)
Miner,
S Plumber's Close, Dalkeith.

Card - B 1163.
X Ray - D 56.

Accident :- On 10th August, 1910, he fell from a tree on to his right elbow.

X Ray :- T shaped supra-condylar Fracture of Humerus involving elbow joint; lower fragments displaced backwards.

Treatment :- Wool, bandage, sling, elbow at right angles, daily massage and movement.

Progress :- He attended the S.O.P.D. for the next three days for massage and movement. Dr. Mitchell, Dalkeith, continued this treatment from the 16th August.

Reported :- 24th October, 1910. Excellent result.
See X Ray of this date. Supination and Pronation fully present. Extension and Flexion still somewhat limited.

Report :- 13th March 1911.
He was three months off work, receiving 5/- per week from a Benefit Society. His wages are usually 21/- per week.

Since starting work his arm has gradually improved in range of movement and in strength. He now feels it stronger than his left arm.

The appearance of the arm is very satisfactory indeed, considering the severity of the fracture. The musculature is good; there is no difference in the carrying angle. Pronation and Supination are complete, Extension is almost complete. Flexion is incomplete. His fingers can only reach to 3" from his shoulder. No excess of callus is felt.

See X Ray and Photographs of this date.
Case 8.

Alex Fulton.

X Ray.  D56
William Abbott, (8).

24 King's Road, Portobello. X Ray - A 21.

Accident :- Fall on left elbow in August 1909.
Set by a doctor - No particular after -
treatment. Brought to S. O. P. D. on 13th
January, 1910, because the elbow was stiff.

X Ray :- Slight separation of lower Epiphysis of Humerus.

Treatment :- Elbow freely moved under General Ethyl Chloride.
Ten visits daily for massage and movement.

Dismissed :- 29th January, 1910.

Condition on 22nd February, 1911 - His elbow has given no
trouble since he attended S.O.P.D. He has
splendid movement of the elbow joint.
Extension and Flexion are very slightly less
than in normal elbow.

Remarks :- See X Rays, 22.2.11.
The capitulum which was separated is seen to be
in good position.
Devina Grandison, (5)
125 High Street, Portobello.

X Ray - A 161.

Accident :- On 7th March, 1910, she fell with her left arm under her.

X Ray :- Fracture and displacement forwards of External Condyle (?)
Unfortunately only a lateral view was taken.

Treatment :- Sling, wool and bandage.
Massage and movement daily.
Number of massage seances - 21.

Dismissed :- 12th April, 1910 - five weeks after accident.

Report :- 23.3.11.
She has never complained of her arm and used it freely since dismissal.

Appearance :- Carrying angle is slightly increased.
All movements at elbow are perfect. The External condyle is more prominent and slightly displaced upwards.
See X Rays - 23.3.11.
Bert Brechin, 13.
105 High Street, Linlithgow.

Card - E 939
X Ray - D51.

Accident :- On 4th August, 1910 he fell on his right arm, injuring the elbow.

X Ray :- 5.8.10 - Separation of lower Epiphysis and of External condyle of Humerus. Unfortunately only one view of the elbow was taken.

Treatment :- Massage and movement, wool, bandage and sling.
The elbow was flexed at a right angle.
Number of massage seances - 14.

Discharged :- He ceased to attend after the 27th August, three weeks after the accident. Flexion and Extension were then still incomplete in range.

Report :- 11.4.11.
His father continued to move the elbow at home, and in a week or so, complete range of movement was possible. Now in movement and in appearance the right arm is the same as the left.
The X Rays 11.4.11 show union in excellent position. One of these X Rays shews that the internal condyle has also been chipped and the fragment displaced downwards.
David Bouthrone, (15).

Message boy,

7 Southfield Street, Gorgie.


Accident :-  On 24th March, 1910, he fell on his left elbow.

X Ray :-  Internal condyle chipped off and displaced downwards; separation of lower humeral epiphysis which is split at its middle into the joint.

Treatment :-  Massage and movement daily.

Sling for ten days.

Number of massage seances  -  23.

Dismissed :-  23rd April, 1910, elbow movements perfect.

Report :-  29.3.11.

He was six weeks off work, receiving no compensation.

The appearance of and movements at the elbow joint are perfectly normal.
Richard Pettiger, (2),
3 Charlotte Street, Leith. X Ray - A 62.

Accident :- On 22nd January, 1910, he fell on his right elbow.

X Ray :- Separation and forward displacement of capitulum with External Condyle of Humerus.

Treatment :- Massage and movement daily. Wool, bandage, sling.
Elbow flexed at a right angle.
Number of massage seances - 19.
Left of mother's own accord on 25th February, 1910, five weeks after accident.

Report :- 22.3.11.
He began to use his arm freely in his play immediately after the mother ceased to bring him to the hospital.
The carrying angle is obliterated (Cubitus Vara) but all the movements of the elbow joint are present and complete in range. The internal condyle is felt more prominently than on normal side, as if displaced upwards.

Remarks :- The result is not perfect as regards the appearance of the arm, yet functionally there is no impairment.
It is often noticed that, in children, a rapid progress is made after they cease to attend hospital. The daily attendance recalls to the mind that an injury has been sustained. 'Once away from hospital attendance, after a sufficient time has elapsed for union of the fracture, the child forgets about his injury and soon commences to use the limb freely at his play with beneficial results.
The X Rays 22.3.11. show the External Condyle displaced downwards and inwards, causing Cubitus Vara.
The interpretation of these X Rays is a matter of considerable difficulty.
Tom Watson, (3).
4 Seafield Road, Fortobello.

Accident :- On 30th January, 1910, he fell off a table and injured his left elbow. He came to the S.O.P.D. four days later.

X Ray :- Separation and forward displacement of Capitulum of Humerus.

Treatment :- Massage and movement daily. Wool, bandage and sling. Elbow flexed at right angle.
Number of massage seances - 19.
The mother ceased to bring him to hospital on 8th March - five weeks after accident. He had then full movement at the elbow joint.

Report :- 28.2.11.

He has never complained of his arm since he ceased to attend hospital.
The mother noted that after ceasing to attend hospital, he began to use the arm much more freely in his play, and soon regained full use of it.
All movements are perfect in their range. There is a very slight increase of the carrying angle, and the External Condyle is more prominent. In all respects this is an excellent result.
The X Rays of this date show some irregularity at the External condyle which was injured, and explain the undue prominence of the External Condyle.
The interpretation of these X Rays is a matter of considerable difficulty.
Accident :- On the 31st March, 1910, he fell from some railings and injured his left elbow.

X Ray :- Separation and forward displacement of Capitulum.

Treatment :- Massage and movement daily. Wool, bandage and sling. Elbow flexed at a right angle.
Number of massage seances - 12.
The mother ceased to bring him to hospital on the 19th April, 1910 - 2½ weeks after accident. He had then practically full range of movements at the elbow.

Report :- 29.5.11.

He has used it freely since he ceased to attend hospital. The appearance of the arm is normal. There is no change in the carrying angle. Flexion and extension are not quite complete. Supination and Pronation are complete in range. The arm is strong; he can hang by his left hand and support the full weight of his body.
The X Rays of this date show the Capitulum is displaced slightly forwards.
The interpretation of these X Rays is rather difficult.
Daniel Cairns, 6.
191 Canongate, Edinburgh.
Card - B 1537.
X Rays - B 69
D 69

Accident :-  On 26th April, 1910, he fell on his left elbow.
There was much swelling and bruising around the elbow,
and lateral mobility of the elbow joint.

X Ray :-  26.4.10. Separation and downward displacement of the
capitulum.

Treatment :-  The mother says the arm was "set under gas". There is
no record of this.
Massage and movement daily. Wool and bandage with elbow
flexed at less than a right angle. Sling worn for two
weeks.

Number of massage seances  -  27.

Discharged: -  4th June, 1910 - five and a half weeks after the accident.
Flexion was complete in range and extension slightly limited.
Supination and pronation were not impaired. The right
external condyle was slightly more prominent.
He went back to school immediately, used the arm freely and
was never heard to complain of his arm. He fell and hurt
the same elbow on 18th August, 1910, was brought to the S.Q.P.D.
and again X Rayed.

X Ray :-  18.8.10 shows the capitulum still displaced, outwards.
There was no fresh injury - only bruising - and the patient
never returned.

Report :-  16.3.11.
The arm never troubles him and he uses it as freely as the
uninjured one. In appearance, there is slight prominence
of the external condyle of the humerus, but no alteration
in the carrying angle. All movements at the elbow are free
and of full range, except that extension is very slightly
limited/
Daniel Cairns - continued.

limited.
The X Ray 16.3.11 shows the capitulum is still displaced outwards, and yet the function of the elbow joint is almost perfect.
On 16th June, 1910, he fell from a wall, landing on his left hand. He complained of pain at the elbow.

Fracture of the capitulum with slight displacement downwards and outwards.

Massage and movement daily. Wool, bandage and sling, with elbow acutely flexed, for about ten days.

Number of massage seances - 29.

9th August, 1910. His power of flexion and extension at elbow were still slightly incomplete.

By September he had complete use of the arm. He has never complained of it since. In appearance, the external condyle is a little prominent. There is no alteration of the carrying angle. Every movement at the elbow joint is free and of full range.

The X Ray 7.3.11 shows the slight displacement of the capitulum still exists, yet the functional result is perfect.
Margaret Barkness; 3½. Card - A 4343.

Cowgate Head Mission, Edinburgh. X Ray - F 137.

Accident: - On 28th February, 1911 the child fell downstairs, and injured her right elbow. She was brought to the S.O.P.D. where severe bruising was diagnosed and lead and opium fomentations applied.

X Ray: - 1.3.11 shows forward displacement of the capitulum.

Treatment: - Massage and movement. Sling with arm flexed at less than a right angle.

Progress: - 13.3.11. There were still signs of bruising. Supination and pronation at the elbow complete in range. Flexion and extension slightly incomplete. Sling now omitted. Number of massage seances - 17.

Discharged: - 22nd March, 1911 - four weeks after accident. Passive movements of the elbow were complete in range; voluntary flexion and extension slightly incomplete. Appearance normal.

Report: - 7.4.11.
The child uses the arm freely at her play and never complains of it. She has used it more freely since her discharge from hospital. Voluntary flexion and extension are still very slightly impaired, but this is due to muscular resistance, as the arm is easily straightened and fully flexed.
Wm. Pete, 17.
Painter,
3 Rodney Street, Edinburgh.

Card - B 4153.
X Ray - D 215.

Accident :- On 22nd October, 1910, while playing football, he fell on his right hand and hurt his elbow. He came to the S.O.P.D. where a lateral dislocation of the elbow was diagnosed and reduced under a general anaesthetic.

X Ray :- 24.10.10 shews the bones in position but the internal condyle is separated and displaced downwards. I have added the lateral view which shews no lesion shewing the necessity of taking two views.

Treatment :- Massage and movement. Sling with elbow flexed at less than a right angle.
Number of massage seances - 15.

Discharged:- 19th November, 1910 - four weeks after accident. He had then full and free movement at the elbow joint with no discomfort.

Report :- 8.4.11. He commenced work immediately after his discharge. He was therefore four weeks off work with no compensation. His arm felt very easy on starting work and has never troubled him.
In appearance and in movement, the result is perfect.

X Ray :- 8.4.11 shews the internal condyle still ununited and still displaced downwards. This does not seem to cause him any inconvenience whatsoever.
Case 19

24. 10. 10

Tom Pete

X-Ray: D215

Right Arm
Accident: On 27th December, 1910, he fell on his left arm. He came to the S.O.P.D. where a backwards and outwards dislocation was diagnosed. He was X Rayed before reduction.

X Ray: Incomplete backwards but complete lateral dislocation outwards of the elbow. The lower humeral epiphysis is displaced forwards and the external (?) condyle is chipped off and displaced forwards.

Treatment: Reduction under Ethyl chloride anaesthesia. Massage and movement. Sling with elbow flexed at less than a right angle.

Number of massage seances - 8.

Discharged: He ceased to attend on 12th January, 1911 - two weeks and two days after the accident. Flexion and extension were then slightly impaired.

Report: 12.4.11. The mother ceased to send him to hospital because he used the arm so freely and never complained of it. He went back to school immediately he ceased to attend hospital and used the arm freely in his play. The result as regards appearance and movements is perfect. There is no limitation now of flexion or extension.

X Rays: 12.4.11 The lower humeral epiphysis seems slightly tilted forwards. In the antero posterior view there is new bone laid down along the external supracondylar ridge, as if the periosteum had been partially separated there at the time of the accident.
Mrs. Gilchrist, 54.

4 West Arthur Place, Edinburgh. X Ray - A 73.

Accident :- On 29th January, 1910, she fell down a stair and injured her left arm. There was very great bruising and swelling and patient is abnormally stout. Examination was extremely difficult.

X Rays :- Lateral dislocation inwards at elbow.

Treatment :- Reduction was attempted, but dislocation always recurred. She declined operation. Massage and movement were commenced and the swelling and bruising reduced. The arm was kept well flexed in a sling. Reduction was several times secured, but always recurred. Indeed it was the simplest of procedures to secure reduction, the forearm slipping out and in at one's pleasure.

Number of massage seances : 33.

Dismissed :- 23rd March, 1910 - six weeks after accident. She could then touch the top of her head and reach the back of her waist, and was already doing her own housework.

Report :- 28.3.11.

She has good use of her arm, can do up her own hair, fasten her clothes behind her waist, and do her housework. Owing to her excessive stoutness there is less alteration in the appearance of the arm than one would have expected. Flexion is almost complete, Extension is incomplete. Supination and pronation are almost absent.

There/
Mrs. Gilchrist — continued.

There is lateral mobility at the left elbow, but reduction is not now obtained, possibly owing to contraction of capsule and fibrous adhesions. The X Rays of this date show that the inward dislocation of the forearm is still present; ossification is present in the joint capsule in places; arthritic changes are in progress especially in the head of the radius.

In her childhood her right elbow was injured. She has full use of this elbow joint, yet the X Rays show extensive myositis ossificans in the insertion of the Brachialis Anticus.

Remarks:

The result is not ideal, but is exceedingly instructive.

Left Elbow: — Function has been restored to a remarkable degree and yet the dislocation has persisted. Immobilisation or operation might have secured reduction but most likely would not have given so useful an elbow.

Right Elbow: — It is also interesting to see such a degree of movement possible where there is so much ossification in the insertion of the Brachialis Anticus.
April 1911

Mrs. Filekriet

X-ray A 473

Case 21.

Photo & X-ray
(Same as Forgett Photo)
Robert Alexander, 41.

Accident :- On the 9th May, 1910, he fell on the tip of his left elbow.

X Ray :- Fracture of tip of olecranon process without separation.

Treatment :- Advised to attend for massage and movement. He never returned.

Report :- 1.4.11.
He went back to his work immediately, and felt the elbow sore occasionally during the next six weeks. It is now as good as ever it was.
In boyhood this elbow was injured and he never had full movement of it. He thinks he has more movement now since this accident. Extension at the elbow is incomplete, but flexion, supination and pronation are complete.
The appearance and musculature of the arm are excellent.
Mr. J. M. Graham's case of fracture of olecranon with \( \frac{1}{8} \)" separation treated in the S.O.P.D., Royal Infirmary, Edinburgh, in July 1909.

Georgina Bathgate, 21.
Typist,
15 Montague Street, Edinburgh.

Accident :- On July 16th, 1909, she fell off her cycle and injured her left elbow. She came up to S.O.F.D. where a fracture of the olecranon with marked separation was diagnosed.

Treatment :- Massage from the first. Sling with elbow flexed at a right angle. Passive movements after the first few days and active movements after the ninth day.

X Ray :- 26.7.09. Fracture through base of olecranon with almost \( \frac{1}{8} \)" of separation. The proximal fragment is tilted backwards by the Triceps.

Progress :- At the end of the third week she began typewriting again and three days later resumed her full duties.

Number of massage seances - 30.

Discharged: :- 24th August, 1909 - five and a half weeks after accident. There was still a palpable gap between the fragments, but the movements were good. Flexion was complete and extension almost complete. There was no discomfort.

X Ray :- 24.9.09 shews the separation increased a little, and the backward tilt of the upper fragment slightly more pronounced.

Duration off work :- She was never off work even during the treatment, doing writing with her right hand. She resumed her full duties three and a half weeks after the accident.

Report :- 14.4.11 - one year and nine months after accident. The arm has never troubled her. She sometimes feels the elbow in/
in damp weather but "nothing to talk of".
The appearance of the arm is perfect. Flexion and
extension are complete in range. All movements at the
elbow are full and free.
There is only a groove felt over the site of the fracture.
Bony union has apparently taken place, and the fragments
have drawn closer together. This is proved by the X Rays
14.4.11.

Remarks :- The result is perfect in every respect as is shown by the
photographs and X Rays 14.4.11.
This was one of the first cases treated by this method in
the S.O.P.D., R.I.E. It is the only case in this series
where a considerable time has elapsed since the accident -
one and three quarter years.
It will be noted that the fragments have approximated.
The junction between the fragments has contracted - not
stretched as is so common a sequence. The triceps is well
developed and is fully acting.
This excellent result is due to early massage getting rid of
the effusion into the joint cavity, and to early movement
preventing adhesions forming between the proximal fragment
of the olecranon and the posterior aspect of the humerus.
Case 23.

No 2.

24.8.09 - 1 month later.

No 1.

26.7.09

Georgina Bathgate

Mr. Drake's Case
Joseph McBeath, (16)
Slater,
20 Charles Street, Edinburgh.

X Ray - A 142.

Accident :- On March 2nd, 1910, he fell from a van and hurt his left elbow.

X Ray :- Fracture of olecranon Process with $\frac{1}{3}$" - $\frac{3}{4}$" separation.

Treatment :- Sling, with elbow flexed at a right angle.
Daily massage and movement.
Number of massage seances - 22.

Dismissed :- 1st. April, 1910 - one month after accident
Firm union with almost complete flexion and extension.

Compensation:- 8/- per week while off work.

Report :- 23.3.11.

He commenced work immediately after discharge.
His arm gave him no trouble even at first.
Appearance of arm perfect, musculature equal to right. Flexion, extension supination and pronation complete. Line of fracture is easily felt. There is no adhesion of olecranon to humerus and no stretching of the union between the fragments.
See X Ray 14.4.11 and Photographs.

Remarks/
Remarks :-

It is instructive to compare the X Rays 2.3.10 with those 14.4.11. In the former, the separation is increased in flexion to a very small extent; in the latter, the separation is distinctly less in flexion, contrary to expectations. In the recent X Rays, ossification is apparently begun in the fibrous union as is proved by the shadow between the fragments. New bone is also being formed by the torn periosteum at the base of the olecranon and this in time will bridge the gap.

The amount of separation cannot be said to have increased. One is entitled to expect that in the course of another year the X Ray of this fracture will closely resemble the recent X Ray of Mr. J. M. Graham's case (Georgina Bathgate) where firm and close osseous union is seen. Surely this case will be admitted to be a distinct success.
Andrew Greig, 28.
Vanman,
5 E. Saunders Street, Edinburgh.

Accident :- On 20th March, 1911, he fell on his right elbow.

X Ray :- Fracture through base of olecranon, with $3/8$" separation between the fragments.

Treatment :- Massage and movement daily.
Sling with elbow flexed at a right angle.

Progress :-
27.3.11. Good apposition of the fragments; bruising still present; all swelling almost gone; no complaints of pain. Extension is only about $1/4$ present. He can flex the elbow sufficiently to reach his mouth.
The sling was now removed.
29.3.11. He commenced driving his van to-day.
31.3.11. He easily flexes the elbow so as to reach his mouth, back of his head and back of his waist.
The power of extension is still incomplete. The upper fragment is not adherent to the humerus, but moves with the forearm.
He continues at work, as a van driver.

X Rays :-
15.4.11 show the separation between the fragments decreased to $5/8"$ both in flexion and in extension of the elbow joint.
There is little or no tilting backwards of the tip of the olecranon. The detached piece of bone seen apparently in front of the humerus above the articular surface is probably the Internal Epicondyle chipped off. There is a corresponding chip of bone in the X Ray 20.3.11, lying apparently just above the coronoid process.
The photographs 15.4.11 show the amount of extension and flexion possible, three and a half weeks after the accident. He continues at his work and suffers little or no discomfort.